



**CITY OF GREENVILLE  
COMMUNITY DEVELOPMENT & RELATIONS  
RENTAL REHABILITATION APPLICATION**

Property Address \_\_\_\_\_ Tax Map # \_\_\_\_\_

**OWNER INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

**PROPERTY INFORMATION**

Number of Rental Units \_\_\_\_\_ Number of units currently occupied \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_/unit

Current Mortgage \$ \_\_\_\_\_ Mortgage Company \_\_\_\_\_

Other Indebtedness \$ \_\_\_\_\_ Explanation \_\_\_\_\_

Original Purchase Price \$ \_\_\_\_\_ Date of Original Property Purchase \_\_\_\_\_

**TENANT INFORMATION**

Name \_\_\_\_\_ Unit # \_\_\_\_\_ Number in Household \_\_\_\_\_ Rent \$ \_\_\_\_\_ Income \_\_\_\_\_

Name \_\_\_\_\_ Unit # \_\_\_\_\_ Number in Household \_\_\_\_\_ Rent \$ \_\_\_\_\_ Income \_\_\_\_\_

Name \_\_\_\_\_ Unit # \_\_\_\_\_ Number in Household \_\_\_\_\_ Rent \$ \_\_\_\_\_ Income \_\_\_\_\_

Name \_\_\_\_\_ Unit # \_\_\_\_\_ Number in Household \_\_\_\_\_ Rent \$ \_\_\_\_\_ Income \_\_\_\_\_

**Certification:** I certify that all information provided in this application and all information provided in support of this application is true and complete to the best of my knowledge and is provided for the purpose of obtaining financial assistance through the Rental Rehabilitation Program.

I further certify that if lead-based paint hazards are found to be present in the above described rental unit/s all work will be performed by contractors certified to perform interim control work as defined by HUD and EPA, and therefore, are trained in safe work practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

